

nsight 1

January-March 2010

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From left to right: Karl Ekdahl, Margot Wallström, Zsuzsanna Jakab, and Johan Giesecke

Farewell to Zsuzsanna Jakab, ECDC founding Director

January was a time for farewell at ECDC as its founding Director, Zsuzsanna Jakab, was due to join WHO as new Regional Director for Europe on 1 February 2010. Margot Wallström, Vice President of the European Commission in charge of Institutional Relations and Communication, paid a goodbye visit to Zsuzsanna during her final week at ECDC. Ms Jakab was accompanied by Karl Ekdahl, Head of the Health Communication Unit, and Johan Giesecke, ECDC Chief Scientist. As of 1 February, Karl Ekdahl is the Acting

Director of ECDC in charge of the day-to-day management of the Centre. In this job, he is supported by Johan Giesecke on all scientific issues (read more on page 2). ECDC staff also acknowledged Zsuzsanna Jakab's achievements during a farewell staff meeting. Starting from a mere concept, Ms Jakab built ECDC into an internationally respected centre of excellence; a legacy that will rightly follow her for the rest of her professional career. Her successor is expected to be appointed during the spring.

Management Board approves ECDC's 2010 work programme

At its last meeting in November 2009, the Management Board approved ECDC's Work Programme for 2010. The annual work programme details the activities to be developed in 2010 by ECDC contributing to the implementation of its strategic multi-annual programme from 2007-2013, and of the missions set up in the Founding Regulation.

In 2010, after five years of operation, ECDC will reach its full capacity with a final increase of the budget by 20% (reaching €60 million) and 45 additional staff members.

As ECDC's core public health functions (surveillance, scientific advice, preparedness and response, health communication) should now be in place, a greater

priority should be given to its work on specific disease areas from 2010 onwards (HIV/AIDS, tuberculosis, influenza, antimicrobial resistance, etc.) according to the strategic multi-annual programme.

The Management Board has thus adopted a set of long-term strategies for the six groups of specific diseases covered by ECDC.

Partnerships with the EU countries, institutions and agencies, neighbouring countries and other external partners will continue to be one of the main drivers of all ECDC activities.

The annual work programme is now available on ECDC's website, where the detail of its activities can be consulted.

Editorial by Acting Director Karl Ekdahl



ECDC in a transition phase

January 2010 marks the end of an era in the life of ECDC. After five years as Director, Zsuzsanna Jakab left ECDC to become the new WHO Regional Director for Europe. For all of us in ECDC, this is a time of mixed feelings. On the one hand we are very happy—both for her personally, but also for the opportunities we now see for further developing a long-term partnership between ECDC and WHO Euro. On the other hand, we are

also sad as we are losing a charismatic leader who, from the start, has been ECDC personified—the mother of ECDC.

But life goes on, and a new Director for ECDC is due to be appointed later this spring. In the interim period I will be the Acting Director, supported by Chief Scientist, Johan Giesecke, and the rest of the senior management team. Although no major changes will take place during the interim period, we will need to work hard to ensure a successful transition to the new Director. The change

of guard takes place at a crucial point in time. ECDC will reach its full size when it comes to staff and funding in 2010-2011. We will also enter into the second phase of our Multiannual Strategic Plan 2007-2013 this year. Although I am well aware of the challenges that these months will present to ensure the Centre continues to deliver a high quality service to its partners, I know that I can rely on a highly professional and motivated staff and the full support of our Management Board and the Commission.

ECDC's response to the 2009 influenza A(H1N1) pandemic—the story so far



ECDC has been working intensively since the onset of the 2009 influenza A(H1N1) pandemic (April 2009) to fulfil its mandates on surveillance, scientific advice, communication and technical support. In order to mobilise the necessary internal resources, ECDC raised its internal activity level for a Public Health Event (PHE) to alert level 1 (and for a short period to level 2). This meant that a sufficient number of staff within ECDC could

work on the pandemic response while core activities were maintained. After nine months of operating within this crisis management structure, ECDC downgraded its alert level to 0 on 18 January 2010. This decision was based on the declining numbers of 2009 pandemic influenza cases and deaths in most EU countries. Following this decision, ECDC Daily Updates will no longer be produced. Developments in the

pattern of infection and epidemiology in Europe will continue to be reported in the Weekly Influenza Surveillance Overview and in the ECDC Executive Update on the 2009 Pandemic. In addition, ECDC Influenza Weekly Digest is sent to stakeholders.

However, influenza pandemics are unpredictable—during the last one in 1968, the second winter was worse than the first—and the current influenza pandemic is

not over. In the eastern parts of the EU, influenza activity rates are still elevated. Considerable pressure remains on ECDC to deliver surveillance information, produce and facilitate dissemination of scientific knowledge and communicate key messages to professionals and the general public. In addition, ECDC contributes to evaluations of what happened and what could have been done better regarding the pandemic and the response to events. All of this work will now be coordinated through a reinforced influenza program led by Professor Angus Nicoll, ECDC's influenza programme coordinator.

ECDC continues to communicate to EU citizens on appropriate preventative measures (e.g. personal hygiene). Vaccination remains the most potent countermeasure for any human influenza. Given the significant risks to health from the pandemic, ECDC will continue to strongly advise all Europeans who are offered pandemic or seasonal vaccines to get vaccinated.

For further information on vaccines, please see the article 'Pandemic influenza A(H1N1) 2009 vaccines in the European Union' by K Johansen, A Nicoll, BC Ciancio and P Kramarz, published in Eurosurveillance on 15 October 2009.

For an ECDC view on what will happen next with the flu, click here.

The ECDC Q&As on vaccines and vaccination for experts and the general public can be found on the ECDC 2009 pandemic influenza A(H1N1) web page.

ECDC's Crisis Communication workshop for Advisory Forum Members

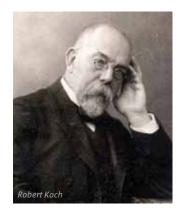


On 18 February, ECDC organised a Crisis Communication workshop for the benefit of the Advisory Forum (AF) Members. The workshop provided a forum for fruitful discussions and exchanges with the speakers and participants who had the opportunity to share their 2009 influenza (H1N1) pandemic experiences. Jason Gale, a leading journalist who covered the 2009 pandemic for Bloomberg, allowed the participants to 'step inside his world' to better understand how journalists work. Professor Thomas Abraham of Hong-Kong University, who has been a Communications Advisor to WHO's Director General of Communications during the 2009 pandemic, presented the theory behind crisis communication and the lesson learnt from the pandemic. Two additional speakers—Anders Bylund, Head of the international PR company Burson-Marsteller's European Crisis Practice and Ryszard Solski, an experienced PR professionals in Poland—complemented the workshop with theoretical and practical presentations.

ECDC marks TB Day

On 24 March 2010, ECDC will mark World TB Day. In the days preceding World TB Day, ECDC will publish the ECDC/WHO Joint TB Surveillance Report for Europe. The key findings of this report will be presented during the event hosted by the Koch-Metschinikow Forum to mark the centenary of the death of Robert Koch.

Despite progress towards driving TB rates down within EU borders, challenges remain. In particular, the percentage of patients with a successful treatment outcome



remains below the international target of 85%. This represents not only a major threat to TB control but a substandard approach to individual case management.

ECDC is bringing forward its commitment to the Framework Action Plan to fight TB in the EU by coordinating and promoting key activities aiming at strengthening TB control. Specifically, a European Reference Laboratory Network for Tuberculosis (ERLN-TB) has recently been launched engaging reference laboratory representatives from EU/EEA Member States and candidate countries in an important new initiative (read more on the ERLN-TB network on page 7). In addition, ECDC is intensifying efforts to optimise prevention and control of TB drug resistance by analysing the current gaps in case management of TB patients as well as enhancing multi-drug resistant (MDR) TB surveillance.

ECDC-Eurovaccine 2009, the first European Vaccination Conference organized by ECDC



Eurovaccine 2009, the first European conference on vaccination and immunisation organised and fully funded by the European Centre for Disease Prevention and Control (ECDC), was held in Stockholm, Sweden, on 11 December 2009. Topics addressed during the one-day conference included implementation of the 2009 influenza A(H1N1) pandemic vaccination and strategies for measles elimination in Europe. The conference was webcasted live, thus allowing for a broad international audience to follow the presentations and participate in discussions. The video stream of Eurovaccine 2009, as well as the posters presented during the conference's virtual poster session, will be available on-demand for a period of less than six months after the conference. Eurovaccine 2009 focused on vaccination programmes, providing a platform for information and practice exchange between professionals working in the fields of regulation, policy, implementation, monitoring and evaluation of immunisation activities in European countries. The next ECDC Eurovaccine conference will take place in

For more information about the on-demand video stream of the conference and the virtual poster session at the Eurovaccine website: www.ecdc.europa.eu/eurovaccine

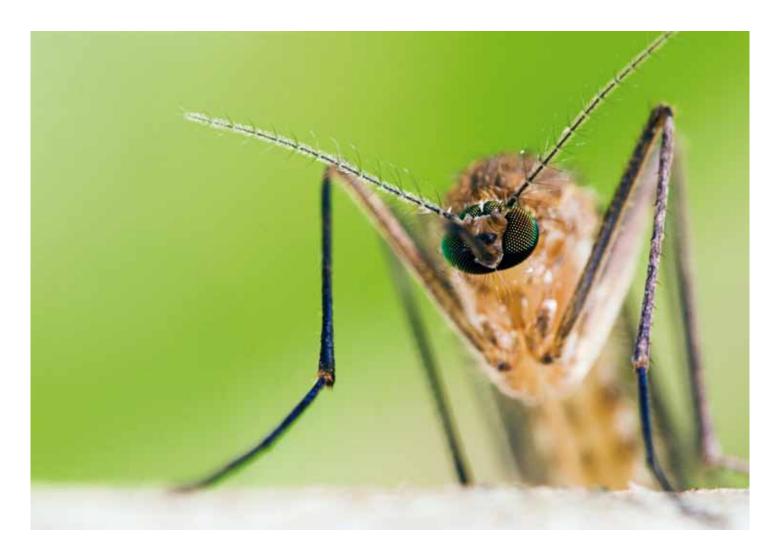
Supporting countries' communication activities

ECDC communication toolkits aim to assist public health authorities in the Member States develop strategies and campaigns to raise awareness on the prevention and control of specific communicable diseases. To go along with work already done, including the production of communication toolkits for seasonal influenza (2007) and for Chikungunya fever (2008), ECDC developed two additional communication materials in 2009:

- Communication toolkit on tickborne diseases: Includes template
 materials and key messages to inform different target audiences on
 tickborne diseases and preventive measures. The materials can be
 used and adapted by Member States if they so wish, according to
 national strategies and needs.
- Communication guide on measles-mumps-rubella (MMR) vaccination: Provides ideas on strategies for planning and implementing national communication initiatives on MMR vaccination, as well as input on how to address specific obstacles to vaccination from a communications perspective.

Work on communication toolkits will continue in 2010 with the production of a communication toolkit on food- and waterborne diseases, as well as further development of communication materials focusing on vaccination issues.

For more information on ECDC's communication toolkits, please contact the Knowledge and Resource Centre on Health Communication: hcu-krc@ecdc.europa.eu



Programme presentation: Emerging and vectorborne diseases (EVD)

Vectorborne diseases rely on organisms (vectors) such as mosquitoes, ticks, sandflies or animal reservoirs (e.g. rodents) for transmission from one host to the next. Many of them are considered to be emerging infectious diseases. This is a broader category generally referring to new diseases arising through evolution or changes in existing pathogens, previously unrecognised diseases, or known diseases that spread to new geographic areas or new populations. As a result, the programme on emerging and vectorborne diseases (EVD) focuses on a wide range of pathogens and diseases. The main diseases specifically covered include the following: Chikungunya fever, dengue, hantavirus infections, Lyme disease, malaria, plague, Q-fever, severe acute respiratory syndrome (SARS), tickborne encephalitis, tularaemia, viral haemorrhagic fevers, West Nile fever and yellow fever.

The EVD programme aims to produce a range of timely and topical assessments of the risks that emerging and vectorborne diseases pose to EU citizens. Current objectives include the following:

Travel-related diseases:

 Recommend on ECDC's role in travel medicine.

Vectorborne diseases:

- Define priorities for prevention and control, based on EU-wide risk assessments.
- Assess the needs for vector surveillance and identify priorities for action.
- Assess specific needs regarding EU Member States' Overseas Territories.

Emerging and re-emerging diseases:

- Ensure full support to outbreak assistance teams in terms of diagnostic capacity, scientific updates, surveillance systems etc.
- Identify the diagnostic laboratory capacity in Europe.

Other diseases:

 Provide epidemiologic updates and factsheets on the current situation in Europe. Routine activities of the EVD programme include the development of risk assessments for emerging or re-emerging diseases. They are conducted in collaboration with the laboratory network in Europe and specific laboratories in Asia, Africa, and North America depending on needs. In addition, there is close collaboration with WHO. The programme works on the management of three networks' activities: ENIVD. CLNR, a collaborative network of European Laboratories for Outbreak Assistance and Support co-ordinated by the European Network for Diagnostics of 'Imported' Viral Diseases (ENIVD); EuroTravNet, the European Travel Medicine Network; and the Network of medical entomologists and public health experts (VBORNET). All documents produced by the networks are available on ECDC's website (ecdc. europa.eu).

In 2009, the programme led a number of more specific activities, including a significant meeting on West Nile (WN) fever in April (see report on ECDC's website) and conducted an evaluation of the risks linked to vectorborne diseases in Malta. The EVD programme also engaged with the Member States' Overseas Countries

and Territories to respond to their specific needs (see page 5). At the end of 2009, the outbreak of Q fever in the Netherlands emphasised the necessity for the EVD programme to strengthen and formalise its collaboration with veterinarian colleagues specialising in public health. Progress in this area will be pursued in 2010, particularly through a reinforced cooperation with European Food Safety Authority (EFSA).

This year the programme plans to focus on tickborne diseases, in particular Lyme disease, tickborne encephalitis and rickettsiosis. A two-year project will aim at gathering epidemiological information at the EU level, notwithstanding the fact that many of these diseases are not subject to compulsory reporting. In a second step, these assessments will attempt to determine the burden of these diseases. In

November, experts will gather in Stockholm to evaluate the current state of tickborne diseases in Europe and prepare a strategy that includes key objectives. More specific activities include the follow-up of the 2009 West Nile meeting with the drafting of a risk assessment guide to support Member States in the evaluation and planning (e.g. implementation of blood products measures) related to this pathogen. With the same goal of supporting the Member States, the programme will be involved in the publication of tool kits (see article page 7). Diseases linked to climate change will be the focus of three EU presidencies (Spain and Belgium in 2010, Hungary in 2011). Last but not least, the EVD programme will also work on information for travellers and the yellow fever cartography with a WHO meeting on ECDC premises in March 2010.

Lead by Herve Zeller, the EVD programme team works in close collaboration with colleagues in the European Commission, EU Member States, relevant international organisations such as the WHO, and also with experts from various institutes, universities, research projects and public health networks across the EU. Further, ECDC aims to actively involve European experts in international outbreak investigations as a way to maintain field expertise.

EVD contributes to a strengthening of EU-wide preparedness and response capabilities by providing Member States with access to expertise, a wide range of decision-support tools and the latest scientific knowledge.

For more information on the programme, visit us on www.ecdc.europa.eu.

Annual HIV and STI surveillance networks back-to-back meetings

Over 9–11 December 2009, experts gathered at ECDC for the annual meetings of both the STI surveillance network and the HIV/AIDS surveillance network. On 10 December, a scientific seminar on HIV and STI in men who have sex with men (MSM) brought all the STI and HIV experts together. On this occasion, Kevin Fenton, director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) at US CDC delivered a keynote speech. The STI experts, including epidemiologists and microbiologists, reviewed the new STI surveillance framework as well as plans on gonococci resistance surveillance and the STI

laboratory survey. Technical consultations with ECDC's TESSy database team were offered to facilitate STI data submissions. The meeting proved to be a good platform to discuss the current status of STIs and of ongoing outbreaks of STIs in MSM. HIV/AIDS experts from 47 of the 53 countries in the WHO European Region discussed the HIV/AIDS surveillance framework, the 2008 HIV/AIDS data collection process and the annual report. Feedback from countries was obtained with respect to new and ongoing related projects, like HIV incidence and prevalence estimates.



ECDC and the European Overseas Countries and Territories

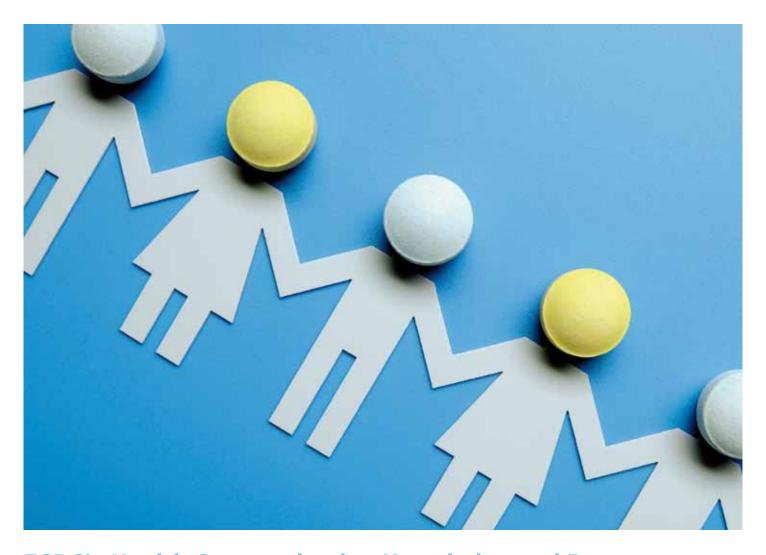
ECDC's mandate is to strengthen the capacity of the European Union for the prevention and control of infectious diseases, not only in the continental Member States but also in their 21 Overseas Countries and Territories (OCTs)*. Since 2008 ECDC, together with the Health Protection Agency (UK), the Institut de Veille Sanitaire (France), the National Institute for Public Health and the Environment (Netherlands), and the Greenland Medical Office of Health (Denmark), has been working to identify the specific needs of the OCT in terms of communicable disease prevention and control, as well as to identify ECDC's role in supporting these potential needs. This was followed by a meeting with representatives from the OCTs and the Member States in London from 5 to 6 October 2009 to identify OCT needs, viewpoints and expectations from ECDC. The outcome of this meeting is being

used by ECDC to develop a strategy on how to support the OCTs in terms of communicable disease prevention, detection and control. The strategy proposal will be discussed by technical experts and decision-makers from the OCTs, the Member States, the Commission and other relevant organisations at a meeting to be held in Stockholm over 25-26 March 2010. In order to reinforce the European OCTs' capacities without any further delays, ECDC is organising the first session of a course on technical aspects of outbreak investigation. This course will be delivered jointly by ECDC and the Caribbean Epidemiology Centre (CAREC), from 1-5 March in Trinidad and Tobago for the European OCT of the Caribbean region.

* A particular part of the EU is represented by the 21 Overseas Countries and Territories (OCT): 12 of these are British (Anguilla, Bermuda, British Antarctic



Territory, British Indian Ocean Territory, British Virgin Islands, Cayman Islands, Falkland Islands, Montserrat, Pitcairn, South Georgian and South Sandwich Islands, Saint Helena, Turks and Caicos Islands), six are French (French Polynesia, French Southern and Antarctic Lands, Mayotte, New Caledonia, St Pierre and Miquelon, Wallis and Futuna), two are Dutch (Aruba and the Netherland Antilles) and one is Danish (Greenland).



ECDC's Health Communication Knowledge and Resource Centre (KRC)

Supporting Member States by providing them evidence-based information is at the heart of ECDC's mission. To perform this task, ECDC has been developing a number of tools and structures in the recent years. Within the realm of health communication, ECDC's Knowledge Resource Centre (KRC) intends to be one of these. Hosted in the Health Communication Unit with a team lead by Professor Paulo Moreira, Deputy Head of the Unit, the ECDC's KRC has three main objectives:

- To provide current and evidence-based information on health communication and related topics, with a particular focus on infectious diseases in the European region.
- 2) To facilitate the sharing of good practices and lessons learnt from health communication activities in EU Member States and EEA/ EFTA countries.
- 3) To promote and facilitate health communication related skills for EU Member States and EEA/EFTA public health professionals.

While anyone will be able to access and use this resource, the target audience will be public health professionals involved in health



From left to right (standing): Andrea Würz, Paulo Moreira, Susanne Freudenberg; (seated) Sarah Earnshaw, Piotr Wysocki.

communication activities in EU Member States and EEA/EFTA countries including public health decision makers, individuals/organisations working specifically with communicable disease-related health communication, and healthcare professionals.

Within ECDC's portal, the Health Communication KRC will soon launch a website that will allow more visibility for health communication outputs and more interaction with public health professionals involved in communication activities in the Member States. In the long-term, the website will include a database of health communication resources with the objective of compiling infectious disease-related health communication materials and programs. This will be done to facilitate the sharing of knowledge between organisations undertaking health communication activities in EU Member States, EEA/ EFTA or candidate countries. Visitors to the pages will be offered updates on recent scientific articles on health communication on a regular basis. As many individuals from the target audience may not have access to scientific articles or the time to review them, the ECDC KRC team will distil relevant research into short texts. The website will also be a platform to announce related upcoming events. Last but not least, the website may also include interactive structures to allow public health professionals to post queries or questions about health communication related topics.

for more information, contact the HCU-KRC team here: hcu-krc@ecdc.europa.eu

EU tuberculosis reference laboratories engage in an unprecedented initiative in TB control

ECDC hosted the launch of the **European Reference Laboratory** Network for Tuberculosis (ERLN-TB) on 25 January 2010. The ECDC TB team provided evidence to support the need for a TB laboratory network in the EU. Recognising laboratory function as one of the pillars of optimal tuberculosis control, the network will aim at strengthening the ability to diagnose the disease in line with the objectives of the Framework action plan to fight tuberculosis in the EU, the ultimate goal of which is to eliminate TB. The ERLN-TB will pursue a work plan that focuses on capacity building, quality assurance, scientific advice and laboratory support. In 2010, one of the main deliverables will be an evidence based 'handbook' on methods and practices in TB reference laboratories. External quality assurance activities will be used to inform the network



of the future needs regarding training and sharing of good practices. Furthermore, the goal of developing a cadre of early career TB Laboratory Support experts will be initiated to ensure sustainability of TB expertise within the EU. The meeting also revealed potential synergies with the Global Laboratory Initiative (GLI), whose aims and activities were presented to the ERLN-TB network by Dr. Christopher Gilpin (GLI representative). With support from the ECDC-contracted consortium, led by the Health Protection Agency, the ECDC is fully engaged in the coordination of the ERLN-TB.

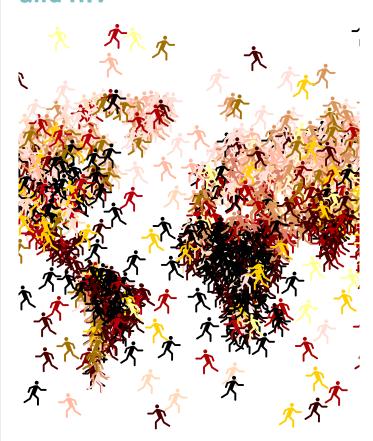
Health Security Committee communicators' network face-to-face meeting

The 2009 influenza A(H1N1) pandemic put a lot of pressure on officials in charge of health communication across Europe and was instrumental in emphasising the necessity to increase and improve cooperation and information exchange at the EU level. Citizens can now easily get information from media in countries other than their own and it is therefore desirable to ensure the coherence of messages across the 27 EU and three EEA countries. In order to meet this challenge and carry on building a strong partnership, the Health Security Committee (HSC) communicators' network held a face-to-face meeting over 16-17 December in Luxembourg. Participants from 25 EU and EEA countries attended and were



offered the opportunity to discuss current communication challenges and solutions. A number of countries presented their experience on specific issues (e.g. Ireland on the vaccination of pregnant women and Sweden on campaigns using social media). Exchanges were enriched by the presence of external stakeholders like WHO, the Standing Committee of European Doctors (CPME) and the European Community Pharmacists (PGEU).

ECDC workshop on migration and HIV



In 2010, ECDC intends to further deepen its work on migration and HIV. Last year, at the Council's request, ECDC published the following three reports, all of which form the basis of the ECDC Report on Migration and Infectious Diseases: Background Note to the ECDC Report on migration and infectious diseases in the EU; Epidemiology of HIV and AIDS in migrant communities and ethnic minorities in EU/EEA countries and Access to HIV prevention, treatment and care for migrant populations in the EU/EEA countries. In addition to these reports related to HIV, ECDC launched two additional projects in the autumn of 2009:

1. Improving HIV data comparability in migrant populations and ethnic minorities in the EU/EFTA countries. The purpose of this project is to improve HIV data comparability by developing standardised ways of recording data with regards to HIV and migrant populations. The idea is to document the definitions and indicators of migration and mobility in the EU, identify good data collection practices and to

- propose epidemiological and behavioural indicators to be monitored on a European scale.
- 2. HIV testing and counselling inventory of good practices in migrant populations & ethnic minorities in the EU/EFTA countries. The purpose of this project is to identify good HIV testing practices targeting migrant populations, and propose a framework on how to increase the uptake of HIV testing in migrant populations and ethnic minorities in the EU.

Over 1–2 March, ECDC is hosting a workshop on migration and HIV in Stockholm. Its aims include the following: to present the initiatives led by ECDC on health and migration; to improve synergies between the two ongoing ECDC projects as well as with other initiatives in the EU; and to draw on participants' expertise and provide the opportunity to give input on the work carried out by the two project teams.

For more information, please contact teymur.noori@ecdc.europa.eu

New publications

HIV/AIDS surveillance in Europe 2008

HIV infection remains a major public health concern in Europe. In 2008, the number of newly diagnosed cases of HIV infection reported was 51 600, an increase from the 48 892 reported for 2007. Of those reported in 2008, 25 656 were in EU and EEA countries. This report, prepared jointly with the WHO Regional Office for Europe, presents data on HIV and AIDS for the WHO European Region, as well as EU and EEA countries. Analyses are provided for the EU and EEA region and also by geographical area of the WHO European Region (West, Centre, East).

Technical Report: Effectiveness of behavioural and psychosocial HIV/STI prevention interventions for MSM in Europe

In Europe, men who have sex with men (MSM) continue to be the population most affected by HIV, and the rate of infection is increasing faster among MSM than among other populations. Behavioural and psychosocial prevention with the goal of limiting sexual risk behaviours remain central to the efforts to decrease sexual HIV/STI transmissions among MSM. This report consists of a systematic review that updates the current knowledge base about HIV/STI preventive interventions targeted at MSM in Europe. It summarises and assesses the effectiveness of these interventions and identifies intervention characteristics associated with effectiveness, as well as potential gaps in the evidence.

Guidance: Scientific panel on childhood immunisation schedule: Diphtheria-tetanus-pertussis (DTP) vaccination

Current childhood vaccination schedules are the result of historical tradition, compliance with provision of health services, and national vaccine registration. They have been designed based on different needs related to how healthcare and education systems are organised at the national level. During the last decade, the availability of new combined vaccine products registered at the EU level has allowed some convergence of the use of those vaccines. The current schedules for vaccination of those younger than 24 months of age in Europe with acellular pertussis-containing vaccines can be divided into a few distinct groups (variants of 3-5-11, 2-3-4, 2-4-6 months). There is greater variation in the number of booster doses for children at school age or during adolescence. In order to facilitate the scientific discussion on such issue, ECDC asked a panel of experts for their scientific opinion on the use of the DTP vaccine.

Risk assessment guidelines for diseases transmitted on aircraft— Part 2: Operational guidelines for assisting the evaluation of risk for disease transmission

In June 2009, EDC convened a technical expert consultation that focused on tuberculosis, new emerging airborne diseases (e.g. SARS) and meningococcal infections. This consultation was the second of a two-part process intended to assist national authorities in EU Member States in the assessment of risks associated with the transmission of various infectious agents on board airplanes. The first part contains more general guidelines and was published as the ECDC Technical Report, 'Risk assessment guidelines for diseases transmitted on aircraft'.

For more information: publications@ecdc.europa.eu

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Upcoming events

8-14.03.2010

EPIS meeting, ECDC, Stockholm

9-10.03.2010

Developing Health Communication Research in the EU: a focus on Communicable Diseases, ECDC, Stockholm

10-12.03.2010

Fifth European Ministerial Conference on Environment and Health, Parma

15.03.2010

Simulation exercise experts meeting on developments of simulation exercise compendium, ECDC, Stockholm

16-17.03.2010

Expert workshop and steering group meeting in Burden of Disease, ECDC, Stockholm

17-19.03.2010

18th Management Board meeting, ECDC, Stockholm

23-24.03.2010

EWGLINET TESSy training, ECDC, Stockholm

24.03.2010

Koch-Metschinikow Forum, Berlin – Launch of ECDC/WHO Euro joint TB surveillance report

24-25.03.2010

ECDC National Microbiology Focal Points meeting, ECDC, Stockholm

25-26.03.2010

Development of strategy on ECDC's role in the European OCT meeting, ECDC, Stockholm

29-30.03.2010

Field epidemiology manual – wiki, kick off workshop, ECDC, Stockholm

12.04.2010

Vulnerability in HIV EU Presidency Conference, Spain

12-16.04.2010

Training on detection and assessment of public health threats/ events meeting, ECDC, Stockholm

21-22.0/.2010

Meeting of National AMR Focal Points and Communication Specialists, ECDC, Stockholm

19-23.04.2010

EPIET Times series analysis module, Brussels

22.04.2010

Informal meeting of the EU Health Ministries, Madrid

24.04-1.05.2010

European Immunization Week

5-6.05.2010

22nd Advisory Forum meeting, ECDC, Stockholm

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